



Health, Hygiene and Infectious Diseases Policy

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Rationale and Policy Considerations

The education and care service understands it has a duty of care to ensure that all persons are provided with a healthy and safe environment in which to play and work. To this end all educators/staff will be fully informed about their responsibilities to implement and adhere to the service's health policies and procedures.

All children have the right to develop to their full potential in an environment which provides for their health, safety and wellbeing. Effective hygiene strategies and practices assist services to protect all persons from, and minimise the potential risk of communicable diseases. Experiences that promote basic hygiene awareness assist children to become competent and independent, and develop valuable life skills.

The Education and Care Services National Law Act 2012 requires that approved provider/nominated supervisor/coordinators take reasonable care to protect children from foreseeable risk of harm, injury and infection.

Legislation and Government Requirements

- Federal and State Health and Occupational Safety & Health Legislation
- Education and Care Services National Law (WA) Act 2012
- Education and Care Services National Regulations 2012

Needs

Children's

Healthy, clean, hygienic environment in which to play and learn. Protection from infection, instruction about personal hygiene.

Families'

Reassurance that health and safety standards are maintained at the service and their children are safe. To feel confident that their child's health, wellbeing and development is assured.

Educators

Protection from infection, clean hygienic environment, appropriate equipment to ensure high level of hygiene, clear guidelines in relation to their duty of care.

Management

Staff to maintain appropriate levels of hygiene and cleanliness to meet required standards; families to co-operate in keeping sick and infectious children away from the service.

Scope

All employees, children and families of Merino Court Childcare.

Policy Statement

MCCC aims to promote a healthy and safe environment in which children will grow and learn about the world around them. The service is committed to protecting its stakeholders through the implementation and monitoring of

simple hygiene and infection control strategies. The application of preventative measures through an infection control program aims to prevent the spread of infections and will be followed by all people in the education and care service at all times.

Policy Principles

Hygiene

- All educators/staff are required to observe and maintain high standards of hygiene in the provision of the education and care service.
- Educators/staff will be provided with training on infection control.
- Educator's role model personal hygiene and discuss hygiene practices with children.
- Hand washing is considered to be the most effective way of controlling infection within the centre.
(Department of Human Services, Communicable Disease Control Branch, "You've Got What!, p.5)
- Caregivers and children should wash their hands:
 - When arriving at the centre to reduce the introduction of germs.
 - Before all clean tasks e.g. handling, preparing and eating food, preparing and giving bottles, giving medications.
 - After all dirty tasks e.g. nappy changes, toileting, cleaning up faeces, vomit or blood, wiping a nose, playing outside, handling animals, removing gloves and handling rubbish.
 - Before going home to prevent taking germs home.
- The correct handwashing procedure is:
 - Wet hands thoroughly and lather with soap.
 - Rub hands vigorously for at least 10-15 seconds as you wash them.
 - Pay attention to back of hands, wrists, between fingers and under fingernails.
 - Rinse hands well under running water.
 - Dry hands with a disposable paper towel.
 - Turn off tap with used paper towel.
 - Dispose of paper towel.
- The service has provided an adequate number and placement of hand washing basins and is committed to maintaining these in a hygienic and serviceable condition.
- Notices which clearly explain effective hand washing procedures will be displayed next to hand washing basins.
- The service has access to laundry facilities that are adequate and appropriate for the needs of the service, and are located and maintained in a way that prevents unsupervised access by children.
- Items returned to a child's home for laundering will have soiling removed and will be placed in a leak proof container and not placed in the child's bag in contact with personal items. It is not recommended that educators/staff rinse soiled clothes due to risk of contaminating their clothing which can then be a source for transporting germs.
- Educators/staff will use separate cloths or tissues to wipe different children's faces and noses. Tissues will be disposed of immediately after wiping a child's nose. Hand hygiene will be performed between each child after wiping noses and disposing of tissues. The use of Sanigel will be required when access to running water is limited.
- Educators/staff will use colour coded cloths for cleaning different areas (i.e. blue for bathroom, yellow for kitchen, red for craft, green for dusting/cleaning of toys/equipment).
- The service will use detergent and warm water to clean except where the public health authority recommends a particular disinfectant for an outbreak of an infectious disease.
- Each child will have their own bedding which will be washed at least once a week or after soiling. Educators will follow recommended procedures for dealing with a child's soiled bedding.¹
- Mouthed toys will be washed daily in hot soapy water, toys in older groups will be washed at the end of each program unless an outbreak of an infectious disease occurs, whereby the toys will be washed daily.
- Surfaces, floors, bathrooms and kitchen will be cleaned on a daily basis using current cleaning practices.

- Hot soapy water to dislodge and clean. "Effective cleaning with detergent and warm water, followed by rinsing and drying removes the bulk of germs from surfaces" (Dept. of Human Services, "You've got what?", 1998)

Toileting and Nappy Changing

- Nappy changing will be done only in the nappy change area which will be properly stocked with gloves, paper towels, plastic bags, fresh nappies, clean clothes, rubbish bin with sealed lid lined with plastic. After each nappy change the child's and educator's hands will be washed and the change table or mat cleaned with detergent and warm water. At the end of each day the nappy change area will be washed with warm water and detergent and left to dry, preferably in the sun. The procedure for nappy changing will be displayed in the nappy change area.
- Nappy change procedure is:
 - Wash hands
 - Prepare plastic bag and put gloves on.
 - Prepare nappy
 - Place a piece of paper towel on the change table.
 - Place child on change mat, remembering to always have one hand on the child.
 - Remove the child's nappy and place it in the plastic bag with paper towel.
 - Place soiled clothing into a plastic bag to be sent home. Soiled clothing will not be rinsed or washed at the centre as it can spread germs (Staying Healthy in Childcare, 2005, p.26)
 - Wipe the child's bottom with children's wipes supplied from home.
 - Ask the child if they wish to sit on the toilet or potty (as appropriate).
 - Remove gloves, put them in the nappy bin and apply a clean nappy to the child.
 - Dress the child
 - Take the child off the bench and encourage them to wash their hands.
 - Wash bench with warm soapy water and a paper towel.
 - Stand mat up to dry.
 - Make sure area is clean.
 - Wash hands
 - Escort child back to play area.
 - When all nappies for that routine change are done, tie up and take out the plastic bag to the council bin.
- Educators will discuss signs of toileting readiness with parents and work with families to develop a consistent approach to toilet training. Educators will not begin toilet training of a child until there are definite indications that the child is developmentally and emotionally ready.
- The service will ask families whose children are toilet training to supply several changes of clothing. Educators will follow recommended procedures for assisting children during toilet training and dealing with children's soiled clothes.²
- Educators will always encourage children's efforts to develop independence.
- Nappy changing and toileting procedures are displayed in the nappy change and toileting areas.
- Educators will interact with children in a relaxed and positive way during nappy changing and toileting as this is an excellent time to continue verbal interactions with children especially as it is a one to one time.
- The service will ensure that developmentally and age appropriate toilets, hand washing facilities and products are easily accessible to children. Children will be supervised and encouraged to flush toilets and wash and dry their hands after use.
- Incontinent children will never be embarrassed by educators/staff in regard to toileting habits. Educators will discourage any negatives from families within a child's hearing.

Cleanliness of Toys and Equipment

- Toys, equipment and dress up clothes will be washed regularly (e.g. daily, after being mouthed by a child and after being handled by a child who is sick) in warm water and detergent, and one criteria for selecting new toys will be their ease to clean.
- Surfaces will be cleaned with detergent and warm water after each activity and all surfaces cleaned thoroughly daily. Floors in the babies and toddlers rooms will be washed each day. Areas contaminated with blood and body fluids will be cleaned as per Staying Healthy in Childcare, depending on the size and type of spill.

- Each child will be provided with their own drinking and eating utensils at each mealtime. These utensils will be washed in detergent and warm water after each use. Educators will encourage children not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- Educators will ensure that children do not eat food that:
 - has been dropped on the floor or;
 - has been handled by another child, except where that child has followed hygiene procedures and been involved in the preparation of the food
- The rules of hygiene will be included in the child's program and staff will initiate discussion about these subjects with groups and individual children at appropriate times.
- Any animal or bird kept at the education and care service will be kept in an area that is separate and apart from any area used for preparation or consumption of food and it and its environment will be maintained in a clean and healthy condition.
- Children will be supervised by an adult during contact with animals and discouraged from putting their faces close to animals. Children will wash and dry their hands after touching animals.
- Children are not to eat and drink while interacting with animals.

Bottles and Dummies

- It is the parent's responsibility to provide bottles and dummies from home which have been cleaned and sterilised properly. They should be transported in a hygienic way with the cap on.
- Bottles that remain at the centre will be washed with hot soapy water, rinsed out and then soaked in boiling water for ten minutes.
- Formula will be pre-made by the family before coming to the centre and heated by standing in boiling water. Microwaves will not be used.
- Premade bottles will be heated only once and remaining milk discarded.
- Parents will record appropriate details on the Bottle Receipt Register.

Immunisation against Infectious Disease

- Parents/Guardians will be encouraged to immunise their child against all diseases appropriate to the child's age. A record of the child's current immunisation status will be kept at the service.
- Children who are not immunised, do not have a complete immunisation record, are immunosuppressed or are who are receiving medical treatment causing immunosuppression such as chemotherapy will be excluded from care during outbreaks of some infectious diseases in accordance with the National Health & Medical Research Council exclusion guidelines³, even if their child is well.
- The service will keep a stock of up to date information/ pamphlets for parents and educators/staff on immunisation and common infectious diseases and will contact their public health unit if they have any questions regarding infectious diseases.
- All workers at the education care service will be encouraged to have all immunisations recommended in the service's Staff Immunisation Policy.

Exclusion due to Infectious Disease

- Information about the service's exclusion policy is in accordance with the National Health and Medical Research Council's exclusion periods and is provided to families in the Parent/Guardian Handbook.
- Children and staff with infectious diseases will be excluded from the service in accordance with the National Health and Medical Research Council guidelines.
- A medical certificate is required after contracting an infectious disease, which must state that the child/staff is well enough to return and does not pose a health risk to other attendees before the adult or child can be re-admitted to the service.
- The service will display a notice at the entrance and use email or distribution of letters/fact sheets where appropriate to notify educators/staff members, families of enrolled children and visitors to the service of exclusion due to infectious disease.
- Families or emergency contacts will be notified as soon as possible if an infectious disease has been reported at the centre.

- If a child is unwell at home parents/guardians are asked not to bring the child to the service.
- If an educator/staff member is unwell they should not report to work. Educators/staff members should contact the approved provider/nominated supervisor/coordinator before 7am to advise of their inability to report to work.
- If a child becomes unwell whilst at the service the service's illness policy will be followed.
- In the case of serious ill health or hospitalisation, the child or educator/staff member will require a medical certificate verifying that their recovery is sufficient to enable their return to the service, from their medical practitioner or specialist.
- Families are asked to respect these guidelines in order to prevent further outbreaks.
- Information about exclusion periods will be provided as requested.

Blood-Borne Viruses

- It is unlawful to discriminate against anyone infected with blood-borne viruses including HIV, hepatitis B and hepatitis C. As blood borne virus are not transmitted through casual contact, a child with a blood borne illness or any other blood borne impairment shall be treated and comforted as any other child, i.e. by cuddling, giving hugs, holding hands etc.
- If an educator/staff member is notified that a child or the child's parent/guardian or any other educator/staff member is infected with a blood borne virus the information will remain confidential. Only with the consent of the person with the virus, or the parent/guardian, can this information be shared with other educators/staff. Deliberate breaches of confidentiality will be a disciplinary offence preceding normal consultative action.
- Staff and management practices will adhere to the law under the Federal Disability Discrimination Act 1992 and the Equal Opportunity Act 1984 (WA), that no discrimination will take place based on a child/parent/staff members HIV status.
- If a child has an open wound, it will be covered with a waterproof dressing and securely attached. If this is not possible, a child should remain away from the centre until the lesions have healed or can be covered.

Head Lice

- Educators will examine the heads of children who scratch their heads a lot to look for eggs (nits) or lice near the scalp.
- Educators will ensure that a child suspected of being infested does not have close contact with other children for the rest of the day and will wear a hat.
- When families come to collect their child they will be asked to commence treatment and keep the child away from the service until the day after appropriate treatment has been started, and the lice are removed. If they begin treatment prior to the next day exclusion is not necessary.
- The child may return to the service the day after treatment has commenced and all live head lice have been removed. A few remaining eggs are not a reason for continued exclusion. However, the family must continue treatment until all eggs and hatchlings have been removed, usually over the following ten days.
- When an incident of head lice occurs at the service, a notice will be displayed and/or email will be used to advise parents to check their children. A letter will be given to parents advising how to check hair effectively using hair conditioner. It is recommended that children with long hair have their hair tied back to reduce the chance of infestation.
- Educators with long hair will be required to wear their hair tied up whilst they are at the service. This will help to prevent them from becoming infected in the event of an outbreak.
- Where an educator becomes infected with eggs or lice they will be required to commence treatment on their hair that evening.

Cleaning up spills of blood and other body fluids

It is considered that the best way to prevent infection is to follow standard precautions at all times. Standard precautions support the assumption that all blood and body fluids are potentially infectious, therefore hygiene practices that promote infection control are adopted for all contact with blood and body fluids. Educators/staff will follow recommended guidelines for dealing with spills of blood, faeces, vomit, urine, nasal discharge and other

body fluids as explained in *Staying Healthy in Child Care* in order to protect the health and safety of all children and adults within the service. Disposable gloves will be readily available for use in dealing with spills and hands will be washed after removal of gloves.

Healthy Environment

- All staff will ensure that every effort is made to maintain a high standard of hygiene in the provision of the education and care service including supporting the Nominated Provider in the maintenance of all equipment and furnishings in a thoroughly safe, clean and hygienic condition and in good repair. In this regard staff will report any equipment and/or area that is not clean or in a safe condition or any evidence of vermin to the health and Safety representative/officer.
- The service is a non-smoking environment. Passive smoking harms the lungs of young children and may trigger an asthma attack. Refer to Occupational Safety and Health policy.
- To ensure all children and educators attending the service are protected from skin damage caused by harmful ultra violet rays of the sun, educators will consistently follow the service's Sun Protection policy.
- All rooms used within the education and care service will be well ventilated to prevent: reduced concentration span; lack of energy, tiredness and lethargy; increased risk of infection and possible asthma attacks.
- The educator will ensure that lighting, heating and noise levels are comfortable and take into account specific activities (e.g. sleep time) and individual needs.

Related Documents

- [Education and Care Services National Law Act 2010\(Vic\)](#) - Section 3(2)(a); 167; 179; 189
- [Education and Care Services National Regulations](#) : 77; 88-96 106; 109; 110; 112; 115 ;
- [National Quality Standard for Early Childhood Education and Care and School Age Care \(Nov 2010\)](#) - Element
- 2.1.2; Element 2.1.3; Element 2.1.4; Element 2.3.1; Element 2.3.2; Standard 3.1
- [Early Years Learning Framework for Australia](#)
- [Framework for School Age Care in Australia](#)
- [Cleanliness and Hygiene Checklist](#)
- Hand washing procedure
- Head lice checking procedure
- Laundering procedures
- Nappy changing procedure
- Procedures for cleaning toys, equipment, surfaces, floors etc.
- Standard hygiene procedure
- Toileting procedure
- National Child Care Regulations 87 (b), 88, 90.
- Health - Hygiene Policy
- Health - incident, injury, trauma and administration of first aid policy
- Dealing with Head Lice Statement

Links to other policies

The following policies may be linked to this policy:

- Accidents, Emergencies and First Aid
- Educator/Staff Immunisation
- Healthy Eating and Food Handling
- Illness

- Maintenance of a Safe Environment
- Medication and Medical Conditions
- Occupational Safety and Health
- Sun Protection
- Supervision

Sources

www.pscalliance.org.au

Staying Healthy in Child Care

Further Sources

National Health and Medical Research Council - *Staying Healthy in Child Care - 4th Edition 2005* - Retrieved April 4, 2011, from http://www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/ch43.pdf

Immunise Australia Program - *Understanding Childhood Immunisation Booklet* - Retrieved April 4, 2011, from <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/IMM52-cnt>

Medicare Australia - *Australian Childhood Immunisation Register* - includes links to state/territory government health departments and other relevant internet sites - Retrieved April 4, 2011, from <http://www.medicareaustralia.gov.au/public/services/acir/index.jsp>

National Occupational Health and Safety Commission - *National code of practice for the control of work related exposure to Hepatitis and HIV (Blood-borne) viruses (NOHSC 2010 (2003))* - Retrieved April 4, 2011, from http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/263/NationalCodeOfPractice_Control_WorkRelatedExposure_Hepatitis_HIVViruses_NOHSC2010-2003_PDF.pdf

Sids and Kids - *Information Statement - Immunisation* - Retrieved April 4, 2011, from http://www.sidsandkids.org/wp-content/uploads/Immunisation_2008_04_Cit-sugg.pdf

The Royal Children's Hospital - *Child Care and Children's Health an information sheet for parents (Sept 2008) - Hygiene and infection control* - Retrieved April 4, 2011, from http://www.rch.org.au/emplibrary/ecconnections/CCH_P_Sept2008_English.pdf

Worksafe WA - *Reducing the risk of infectious diseases in child care workplaces Guidance note* - Retrieved 16 March 2011, from http://www.commerce.wa.gov.au/WorkSafe/PDF/Guidance_notes/Guide-diseases_in_child_care.pdf

Document History

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